

Module 7 Pediatric Emergencies

1. **A 4-year-old child is generally categorized as a(n):**
 - a. preschooler.
 - b. toddler.
 - c. school-age child.
 - d. adolescent.
2. **In general, a child is considered an adolescent when he reaches the age of _____ years.**
 - a. 9
 - b. 7
 - c. 12
 - d. 4
3. **The anterior fontanelle should be closed between the ages of _____ and _____.**
 - a. 3 months; 6 months
 - b. 24 months; 36 months
 - c. 6 months; 10 months
 - d. 12 months; 18 months
4. **A bulging fontanelle in a quietly resting child may be an indication of which of the following?**
 - a. Fever
 - b. Dehydration
 - c. Normal development
 - d. Increased intracranial pressure
5. **Which of the following should be considered by the EMT as a result of the proportionally larger size of a small child's head?**
 - a. Adaptations in positioning for cervical spine immobilization
 - b. Different injury patterns than in adults
 - c. Differences in positioning to maintain an open airway
 - d. All of the above
6. **Which of the following is a consideration in airway management in the pediatric patient?**
 - a. Keeping the nose clear of secretions
 - b. The need to hyperextend the head to achieve an open airway
 - c. Using blind finger sweeps to clear a foreign body from the airway
 - d. All of the above
7. **Because infants and small children rely more heavily on the diaphragm for breathing, respiratory distress can be detected by observing which one of the following signs that is not prominent in adults?**
 - a. Bulging of the intercostal spaces
 - b. Use of the sternocleidomastoid muscles of the neck
 - c. Movement of the abdomen with respiratory effort
 - d. None of the above
8. **What is the tendency for a frightened child to act younger than his age?**
 - a. Repression
 - b. Regression
 - c. Retreat
 - d. Retraction

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9. **Which of the following would be an appropriate statement in gaining the cooperation of a 7-year-old pediatric patient during your assessment?**
 - a. "Joey, this is a splint that will help your arm feel better. I promise it won't hurt when I put your arm in it."
 - b. "Big girls don't cry, Emily. You're a big girl, aren't you?"
 - c. "I'm sorry Nick, but you can't see Mommy and Daddy until you let me take your blood pressure."
 - d. "Katie, this is my stethoscope. I can use it to hear what your breathing sounds like. Would you like to look at it for a minute?"
10. **Which of the following is a concern when dealing with an adolescent patient?**
 - a. The adolescent patient will generally be more truthful about what happened in front of his parents than in front of his peers.
 - b. Physiologically, adolescents are very different from adults.
 - c. The adolescent patient fears permanent disfigurement from injuries.
 - d. Adolescents usually lack the sophistication to understand explanations of what you are doing and why.
11. **All of the following are normal parental reactions to a child suffering from a sudden life-threatening illness or injury EXCEPT:**
 - a. anger.
 - b. denial.
 - c. indifference.
 - d. guilt.
12. **Careful assessment and ongoing evaluation of the pediatric patient is critical for which of the following reasons?**
 - a. Childhood injuries and illnesses as a result of abuse or neglect may be missed if the EMT is not thorough.
 - b. Signs of significant illness and injury may be subtle and easily overlooked.
 - c. A sick or injured child who initially appeared stable can deteriorate very rapidly.
 - d. All of the above
13. **Which of the following is NOT a component of the Pediatric Assessment Triangle?**
 - a. Appearance
 - b. Breathing
 - c. Circulation
 - d. Abdomen
14. **Which of the following is true regarding the EMT's approach to the pediatric patient?**
 - a. An EMT does not have to attempt to obtain a blood pressure on patients younger than 3 years old.
 - b. It is not necessary to use Standard Precautions when dealing with pediatric patients.
 - c. Scene safety is not an important consideration in the care of pediatric patients.
 - d. It is not possible to develop an initial impression of the pediatric patient without a detailed physical examination.
15. **Which of the following is NOT a normal response of a small child when approached by the EMT?**
 - a. Anxiety
 - b. Indifference
 - c. Fear
 - d. None of the choices is a normal response.
16. **You are assessing a 2-year-old child whose mother states she has had a fever for several hours. Which of the following signs is cause for concern?**
 - a. Crying
 - b. Absence of nasal flaring with inhalation
 - c. Grunting at the end of expiration
 - d. Respiratory rate of 28 breaths per minute

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17. **Capillary refill should be assessed in which of the following age groups?**
- Younger than 6 years
 - Younger than 1 year
 - 2 years old and younger
 - Younger than 12 years
18. **Your patient is a 3-year-old male who developed sudden stridor while playing with some of his 5-year-old cousin's toys. The patient is alert and anxious, producing stridor when he cries. His skin is pink and warm, and capillary refill is less than 2 seconds. Which of the following is appropriate in the management of this child?**
- Perform abdominal thrusts.
 - Perform back blows and chest thrusts.
 - Attempt a finger sweep to remove the foreign body from the child's airway.
 - Transport the child in a restrained car seat with his mother by his side.
19. **Your patient is a 6-month-old male who began choking while his babysitter was feeding him some sliced peaches. The child has retractions of his intercostal muscles, is drowsy, and is grayish in color. Which of the following is the BEST intervention for this patient?**
- Use of a flow-restricted oxygen-powered ventilation device
 - Back slaps and chest thrusts
 - Abdominal thrusts
 - Blow-by oxygen at 10 to 15 liters per minute
20. **Artificial ventilations for a 5-year-old child should be provided at a rate of _____ per minute.**
- 24/28
 - 28/32
 - 12/20
 - 22/26
21. **Which of the following is NOT a common cause of shock in infants and children?**
- Heart failure
 - Blood loss
 - Infection
 - Dehydration
22. **Which of the following is an indication of shock in an infant or small child?**
- Capillary refill greater than 2 seconds
 - Absence of tears when crying
 - Not producing wet diapers
 - All of the above
23. **Which of the following is the most common cause of cardiac arrest in the pediatric patient?**
- Hypoglycemia
 - Congenital heart defects
 - Ventricular fibrillation
 - Respiratory failure
24. **Your patient is a 3-year-old child who is in severe respiratory distress. She is cyanotic and responds only to painful stimuli. According to the patient's mother, the child had complained of a sore throat earlier and has had a fever since early in the morning. Which of the following is the BEST course of action?**
- Perform abdominal thrusts and finger sweeps; attempt to ventilate.
 - Suction the airway.
 - Insert an oropharyngeal airway and begin bag-valve-mask ventilations with supplemental oxygen.
 - Begin gentle ventilations with a bag-valve mask and supplemental oxygen.

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25. Which of the following is a sign of the most severe respiratory distress in a 1-year-old pediatric patient?
- Wheezing
 - Decreased muscle tone
 - Respiratory rate greater than 60
 - All of the above
26. Your patient is a 2-year-old female who has suffered a seizure but does not have a previous history of seizures. The patient's father states that the child has been pulling at her ear and has had a fever. They were getting ready to leave for a doctor's appointment when the child had a brief seizure. The patient is drowsy and has hot, flushed skin. Which of the following is recommended in the prehospital management of this patient?
- Sponge the child's back and arms with rubbing alcohol.
 - Place ice packs in the armpits, groin, and around the head.
 - Remove the child's clothing down to her underpants or diaper.
 - Cover the child with a towel soaked in ice water.
27. Which of the following is the MOST common cause of seizures in infants and children?
- Hypoglycemia
 - Hypoxia
 - Fever
 - Poisoning
28. Which of the following is NOT a cause of altered mental status in the pediatric patient?
- Traumatic brain injury
 - Diabetes
 - Dementia
 - Infection
29. Which of the following is the MOST common cause of death in children?
- Environmental emergencies
 - Poisonings
 - Trauma
 - Infectious disease
30. Which of the following should increase your suspicion of child abuse?
- Indications of alcohol and/or drug abuse in the home
 - Improperly healed fractures, resulting in deformity of extremities
 - Bruises on the back and/or buttocks in various stages of healing
 - All of the above
31. For the EMT who has cared for a pediatric patient in tragic circumstances, which of the following would be an appropriate way of dealing with stress accompanying the experience?
- Get together with others who participated in the care of the child and unwind with some alcoholic beverages.
 - Talk to a compassionate coworker who has had similar experiences in the past.
 - Vent your rage in a letter to the person responsible for the child's circumstances.
 - Put the incident out of your mind and don't talk about it.
32. Which of the following is characteristic of preschool-age children?
- They may believe their injury is a punishment for being bad.
 - They do not mind being separated from their parents.
 - They have few fears of anything.
 - They are not especially embarrassed or modest about body exposure.

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33. Which of the following is NOT likely to be a cause of respiratory distress in a 2-year-old child?
- Epiglottitis
 - A cold
 - Foreign body airway obstruction
 - Emphysema
34. Which of the following is an early sign of respiratory distress in an 18-month-old patient?
- Wheezing
 - Heart rate of 60 beats per minute
 - Drowsiness
 - Respiratory rate of 12 breaths per minute
35. Which of the following is LEAST common in a child struck by a vehicle?
- Spinal injuries
 - Abdominal injuries
 - Upper-extremity injuries
 - Head injuries
36. You have been called for a 2-year-old female who has fallen and is bleeding from a head laceration. Her mother states that she was toddling down the hallway when she fell, striking her head on a side table. You suspect that part of the reason she fell is that:
- her head is proportionately larger and heavier than an adult's.
 - she has low blood sugar, making her unstable.
 - she is still new to walking and may be unstable on her feet.
 - both A and C are contributing factors.
37. You are at a friend's birthday party with people of all ages. There is an 11-month-old boy, just learning to stand up, who has fallen. He was holding onto the edge of a table and toppled over. He is crying hard and his mother is trying to console him. She asks if you would mind checking him out, and you agree to take a look at him. You notice that his anterior fontanelle is bulging. This is most likely caused by:
- pressure built up because of his crying.
 - an infection causing intracranial pressure.
 - fluid loss from dehydration.
 - the bones of the head not fusing properly.
38. You are trying to ventilate an 18-month-old baby who has stopped breathing. You have laid him down on a flat surface to ventilate him, but you are unable to get his chest to rise. You should:
- tip his head back farther to open his airway.
 - flex his neck toward his chest.
 - place a folded towel under his shoulders.
 - suction his mouth to clear secretions.
39. You are trying to assess Judy, a 16-year-old girl, who has abdominal cramps with nausea and vomiting. Her mother, Mrs. Smith, is attempting to give you her daughter's past medical history. It is important that you get the history of the present illness. Therefore, you should:
- ask Mrs. Smith to go write down their physician's name and phone number.
 - ignore Mrs. Smith and ask Judy if she is sexually active.
 - ask Mrs. Smith if there is a chance Judy could be pregnant.
 - skip the history of current illness and suggest that Judy should visit her physician.

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40. **You are called for a sick 2-year-old boy. When you arrive, you see the boy sitting quietly on his mother's lap. You note that he is not crying and has his head tucked against his mother's chest. However, he does lift his head and look at you when you enter. As you approach, he withdraws deeper toward his mother. What have you learned about the patient so far?**
- He probably doesn't have a fever.
 - He is alert and probably acting appropriately.
 - His front fontanelle is sunken, likely from dehydration.
 - His skin is warm and dry.
41. **Your protocols call for you to use the Pediatric Assessment Triangle when assessing young children. You know that the second leg of the triangle assesses the "work of breathing" and the bottom leg of the triangle assesses "circulation to the skin." What does the first leg of the triangle stand for?**
- Appearance
 - Airway
 - Alteration of mental status
 - Assessment
42. **You are called for a child that has had a fever for a couple of days. The parents tell you that two of the other children have been home with a stomach virus and fever. As you attempt to assess the child, he pulls away from you and grabs onto his mother. Which of the following behaviors would be considered "normal" for a 4-year-old?**
- He doesn't make eye contact as you approach.
 - He begins to cry when you try to touch his booboo.
 - He runs up to you when you enter the room.
 - He flares his nostrils when he breathes.
43. **You respond to a 5-year-old child who has been injured while playing in his backyard. It appears that he has broken his arm, but you can't tell how it occurred. You will need to gather some information regarding what exactly happened. Therefore, you should:**
- Speak only to the mother to find out what happened.
 - Tell the child that you won't hurt him.
 - Get down to the child's eye level to talk to him.
 - Tell the child that big boys don't cry.
44. **You are dispatched to a 1-year-old child with respiratory distress. En route, you review how to assess and treat infants with respiratory problems. Which of the following would indicate an infant with respiratory distress?**
- Wheezing upon inspiration
 - Respiratory rate of 30
 - Capillary refill time of 2 seconds
 - Abdominal movement when breathing
45. **You are called to a home where a family has been enjoying a Labor Day picnic and swim party. A 2-year-boy slipped to the bottom of the pool unnoticed. By the time you arrive, the child has been removed from the water and family members are administering CPR. You assess the child and note that he has a weak pulse and is trying to breathe on his own. You initiate transport and continue providing positive pressure ventilations. You are also very concerned about:**
- The safety of the other children at the party.
 - How the parents are handling the situation.
 - The child being hypothermic.
 - The last time the child ate something.

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46. **You are called for a 6-year-old girl who is not well. Her mother says that the child has been sick for several days but today she has had trouble keeping her daughter awake. You note that the girl's capillary refill time is 4 seconds and she has a skin rash. The most important part of your assessment will be to:**
- determine if she has a fever.
 - get a full SAMPLE history.
 - determine her level of consciousness.
 - recognize any respiratory distress.
47. **You are assessing a child who is having problems breathing. Her mother states that she has been diagnosed with asthma and has recently started using an inhaler. Which of the following would indicate early respiratory distress?**
- Cyanosis of the nail beds and lips
 - Slow heart rate
 - Respiratory rate of 12
 - Nasal flaring
48. **You are responding to a 6-year-old child with a fever and difficulty breathing. His mother reports that he was playing normally this morning but when he came in for lunch he had spiked a fever. Now, he is sitting up with his mouth open, drooling. Which of the following signs would point to epiglottitis?**
- A loud "seal bark" cough
 - Painful swallowing
 - Low grade fever
 - Some hoarseness
49. **You have determined that your patient, a 6-year-old boy, most likely has epiglottitis. He has developed a high fever and appears very ill. You realize that this is a serious illness and you need to handle your patient carefully. You should:**
- check his temperature regularly.
 - not place anything in his mouth.
 - give him ice chips to suck on.
 - have him lie down with his head elevated.
50. **You are standing in line waiting to get a prescription filled for your mother. A woman walks in with a young boy in her arms. As she places him in a nearby chair, he begins to seize. Which of the following is true regarding childhood seizures?**
- They usually accompany a high fever.
 - Most are due to head injuries.
 - They usually last from 1 to 2 minutes.
 - They are due to a rapid rise in temperature.

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Test Name: Mod. 7 Pediatric Emergencies

1. a. preschooler.
2. c. 12
3. d. 12 months; 18 months
4. d. Increased intracranial pressure
5. d. All of the above
6. a. Keeping the nose clear of secretions
7. c. Movement of the abdomen with respiratory effort
8. b. Regression
9. d. "Katie, this is my stethoscope. I can use it to hear what your breathing sounds like. Would you like to look at it for a minute?"
10. c. The adolescent patient fears permanent disfigurement from injuries.
11. c. indifference.
12. d. All of the above
13. d. Abdomen
14. a. An EMT does not have to attempt to obtain a blood pressure on patients younger than 3 years old.
15. b. Indifference
16. c. Grunting at the end of expiration
17. a. Younger than 6 years
18. d. Transport the child in a restrained car seat with his mother by his side.
19. b. Back slaps and chest thrusts
20. c. 12/20
21. a. Heart failure
22. d. All of the above
23. d. Respiratory failure
24. d. Begin gentle ventilations with a bag-valve mask and supplemental oxygen.
25. b. Decreased muscle tone
26. c. Remove the child's clothing down to her underpants or diaper.
27. c. Fever
28. c. Dementia
29. c. Trauma
30. d. All of the above
31. b. Talk to a compassionate coworker who has had similar experiences in the past.
32. a. They may believe their injury is a punishment for being bad.
33. d. Emphysema
34. a. Wheezing
35. c. Upper-extremity injuries
36. d. both A and C are contributing factors.
37. a. pressure built up because of his crying.
38. c. place a folded towel under his shoulders.
39. a. ask Mrs. Smith to go write down their physician's name and phone number.
40. b. He is alert and probably acting appropriately.
41. a. Appearance
42. b. He begins to cry when you try to touch his booboo.
43. c. get down to the child's eye level to talk to him.
44. a. Wheezing upon inspiration
45. c. the child being hypothermic.
46. d. recognize any respiratory distress.
47. d. Nasal flaring
48. b. Painful swallowing
49. b. not place anything in his mouth.
50. d. They are due to a rapid rise in temperature.